

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.ANY ALTERATIONS IN SHADED
AREAS RENDER FORM VOIDCERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY *G*

1. NAME (Last, First, Middle) MARTIN, KARIN A.		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 194 62 1450	
4.a. GRADE, RATE OR RANK PV1	4.b. PAY GRADE E1	5. DATE OF BIRTH (YYMMDD) 19801024	6. RESERVE OBLIG. TERM. DATE Year 0000 Month 00 Day 00		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY PHILADELPHIA, PA		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 714 W YORK ST PHILADELPHIA, PA 19133			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 542ND MAINTENANCE COMPANY FC		8.b. STATION WHERE SEPARATED FORT LEWIS, WA 98433			
9. COMMAND TO WHICH TRANSFERRED NA				10. SGLI COVERAGE Amount \$ 200,000.00 <input type="checkbox"/> None	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 92A10 00 AUTOMATED LOGISTIC SPECIALIST--1 YRS-0 NOS//NOTHING FOLLOWS				12. RECORD OF SERVICE	
				Year(s) 1998	Month(s) 07
				Day(s) 15	
				a. Date Entered AD This Period	b. Separation Date This Period
				1999	12
				c. Net Active Service This Period	d. Total Prior Active Service
				0001	04
				0000	00
				e. Total Prior Inactive Service	f. Foreign Service
				0000	00
				g. Sea Service	h. Effective Date of Pay Grade
				0000	00
				1999	03
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON//NOTHING FOLLOWS					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) AUTOMATED LOGISTICS SYSTEMS SPECIALIST COURSE, 11 WEEKS, 1998//NOTHING FOLLOWS					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> 16. DAYS ACCRUED LEAVE PAID 26.0
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//DISABILITY. SEVERANCE PAY - \$1918.80//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//PHYSICAL DISABILITY SEVERANCE IAW 10 USC 1208.//NOTHING FOLLOWS					
<i>Exhibit #6 Army 00-214</i>					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 714 W YORK ST PHILADELPHIA, PA 19133			19.b. NEAREST RELATIVE (Name and address - include Zip Code) WANDA E MARTIN, 714 W YORK ST PHILADELPHIA, PA 19133		
20. MEMBER REQUESTS COPY 6 BE SENT TO <input type="checkbox"/> PA <input type="checkbox"/> DHL OF VET AFFAIRS			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) JARRY H. CLAY, USA TRANSITION CENTER		
21. SIGNATURE OF MEMBER BEING SEPARATED <i>K. A. MARTIN</i>					

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION DISCHARGE	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AR 635-40, PARA 4-24B(3)	26. SEPARATION CODE JFL	27. REENTRY CODE 3
28. NARRATIVE REASON FOR SEPARATION DISABILITY, SEVERANCE PAY		
29. DATES OF TIME LOST DURING THIS PERIOD NONE	30. MEMBER REQUESTS COPY 4 Initials	